

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/523553** FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			2			
6			2			
7			2			
8			2			
9			2			
10			1			
11			1			
12			1			
13			1			
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50						
TOTAL IND.			4			
TOTAL DEP.			17			
TOTAL CLAIMS			21			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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